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Part I Employ			P GO to www	2 9	Social security number (SSN * * * - * * - 1085		pplicable Large E		nber (En	nployer)			8	37-	oyer iden 0533:	100	1 numbe	(EIN)	
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VENKATA GOI Street address (including	ng apartment no.)					9 Stre	reet address (including	room or suite no	.)				1	8 6 6	tact telep 5-935	-401	.5		
3413 PRESCH		State or province	e	6 Country	and ZIP or foreign postal of	ode 11 Ci			12 State	or province			1	617	ntry and	ZIP or fo	oreign po	stal co	de
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Offer of Coverage enter required code)	All 12 Months	1н	1H	1н	1н	1н	1н	1н	1	Н	1н	-	1E	+	1E	:	1	E	
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7 ZIP Code							No. 60705M									Form 1	1095-C	(202	2)
																	60	032! Page	
Form 1095-C (2022	)						u. information for	cook individu	al enrolles	d in coverage	e includ	ling the	e emplo	ovee.	×		60		
Form 1095-C (2022 Part III Cover	) red Individuals				rage, check the box an			each individua	or other	(d) Covered					ths of co			Page	3
Form 1095-C (2022 Part III Cover	) red Individuals	(a) Name of	provided self-ir of covered individu middle initial, last	ual(s)	rage, check the box an	(b	s) SSN or other TIN	each individua (c) DOB (f SSN TIN is not ava	or other	d in coverac (d) Covered all 12 months			e emplo (e Apr Ma		ths of co			Page	3
Part III Cover	red Individuals	(a) Name of	of covered individu	ual(s)	rage, check the box an	(b	**-**-1085	(c) DOB (if SSN	or other	(d) Covered					ths of co		ept Oct	Nov	3
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Part III Cover  Number of the service of the servic	GOLI GOLI	(a) Name of	of covered individu	ual(s)	rage, check the box an	*** ***	**-**-1085 **-**-6491 **-**-5883	(c) DOB (if SSN	or other	(d) Covered					ths of co		ept Oct	Nov X	3
Part III Cover  8 VENKATA 9 SRINIDHI 10 SRIRAM G 11 GOWRI PA 2 3 4	GOLI GOLI	(a) Name of	of covered individu	ual(s)	rage, check the box an	*** ***	**-**-1085 **-**-6491 **-**-5883	(c) DOB (if SSN	or other	(d) Covered					ths of co		ept Oct	Nov X	3
Part III Cover  8 VENKATA 9 SRINIDHI 0 SRIRAM G 11 GOWRI PA 12 13 14 15 16	GOLI GOLI	(a) Name of	of covered individu	ual(s)	rage, check the box an	*** ***	**-**-1085 **-**-6491 **-**-5883	(c) DOB (if SSN	or other	(d) Covered					ths of co		ept Oct	Nov X	3
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8 VENKATA 9 SRINIDHI 10 SRIRAM G	GOLI GOLI	(a) Name of	of covered individu	ual(s)	rage, check the box an	*** ***	**-**-1085 **-**-6491 **-**-5883	(c) DOB (if SSN	or other	(d) Covered					ths of co		ept Oct	Nov X	3

Form 1095-B	Health Coverage		□voib	OMB No. 1545-2252
Department of the Treasury Internal Revenue Service	<ul> <li>▶ Do not attach to your tax return. Keep for your records.</li> <li>▶ Go to www.irs.gov/Form1095B for instructions and the latest information.</li> </ul>	ır records. e latest information.	☐ CORRECTED	2022
Responsible Individual	Individual			
1 Name of responsible individua⊢F	Name of responsible individual-First name, middle name, last name	2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other I IN is not available)
VENKATA	GOLI	-1080		
4 Street address (including apartment no.)	ent no.)  5 City or town BLOOMINGTON	6 State or province	7 Country UNITED ST.	7 Country and 2IP or foreign postal code UNITED STATES 61704
34-3 TX F000 F1X -		9 Reserved		
8 Enter letter identifying Origin	Enter letter identifying Origin of the Health Coverage (see instructions for codes): • B			
	- Company Coverage (see instructions)	ictions)		

Information about Certain Employer-Sponsored Coverage (See Il Suddictions)	ertain Employe	-Sponsored Cover	age (See IIIs	פנו מכנוס	(611										
/er r										11 En 52-237	nployer ide 2326	ntification	11 Employer identification number (EIN) 52-2372326	(EIN)	
SRS CONSULTING INC					1					15 0	ountry and	ZIP or fo	Country and ZIP or foreign postal code	al code	
12 Street address (including room or suite no.) 39465 PASEO PADRE PKWY 3200		13 City or town FREMONT		CA F	1	olate of province	l d			(1)					
Towns or Other Cou	arage Drovider	see instructions)													
Part III Issuer or Other Coverage Provider (See IIISII delions)	erage Provider	(see Illstructions)						ì			entoot told	nhone nii	mber		
16 Name				4.1	7 Employ 1-192251	/er identifi 1	17 Employer identification number (EIN) 41-1922511	nber (EIN		18 C	18 Contact telephone number 866-633-2446	phone nu	mber		
Ciliforni Idani Idani Idani	20	City or town		21		State or province	е			22 C	22 Country and ZIP or f	J ZIP or fo	Country and ZIP or foreign postal code	tal code	
601 Brooker Creek Blvd	O <sub>C</sub>	Oldsmar		-				-							
Part IV Covered Individuals (Enter the information for each covered individual.	(Enter the inforr	nation for each cove	red individu	ai.)											
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other	(d) Covered				(e) Mo	(e) Months of coverage	overage						
First name, middle initial, last name		IIN IS not available)	all L	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	O <sub>C</sub>	Nov	Dec
23 VENKATA GOLI	***-**-1085			×	×	×	×	×	×	×	×	×			
24 GOWRI PAMPANA		06/03/1979		×	×	×	×	×	×	×	×	×			
25 SRINIDHI GOLI		03/02/2012		×	×	×	×	×	×	×	×	×			
26 SRIRAM GOLI		03/02/2006		×	×	×	×	×	×	×	×	×			
							Cat No. 60704B	704B					Form 1095-B (2022)	95-B	(2022)
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	uction Act Notice, s	ee separate instructions	ç				9. 10.	i							,

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